

DISMISSAL AND NOTICE OF RIGHTS

To: **Otis R. Wright**
P. O. Box 423
Hillsville, VA 24343

From: **Charlotte District Office**
129 W. Trade Street
Suite 400
Charlotte, NC 28202



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

846-2010-76383**Carlos Villegas,**
Deputy Director**(704) 954-6423****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

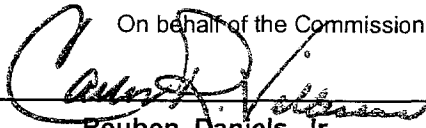
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Reuben Daniels, Jr.,
District Director

Enclosures(s)

March 2, 2012

(Date Mailed)

cc:

Gary Larrowe
Executive Director
CARROLL COUNTY PUBLIC SERVICE AUTHORITY
605-2 Pine Street
Hillsville, VA 24343

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

846-2010-76383

Virginia Council on Human Rights

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Mr. Otis R. Wright

Home Phone (Incl. Area Code)

(276) 237-4806

Date of Birth

[REDACTED]

Street Address

City, State and ZIP Code

P. O. Box 423, Hillsville, VA 24343

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CARROLL COUNTY PUBLIC SERVICE AUTHORITY

No. Employees, Members

15 - 100

Phone No. (Include Area Code)

(276) 730-3171

Street Address

City, State and ZIP Code

605-2 Pine Street, Hillsville, VA 24343

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐

RACE

☐

COLOR

☐

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☐

RETALIATION

☐

AGE

☒

DISABILITY

☐

GENETIC INFORMATION

☐

OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

09-2009

01-29-2010

☐

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began employment with the Carroll County Public Service Authority on November 1, 1995, as a Water/Wastewater Trainee. The last position I held was that of Maintenance Technician I, which required a Commercial Driver's License (CDL). In September 2009, I requested, but was denied, a reasonable accommodation for my disability, specifically, financial assistance for the medical testing needed to maintain my CDL. Therefore, I was forced to resign on January 29, 2010.

Gary Larowe, Executive Director, claimed that the County does not do what I requested (give direct financial assistance -- or an increase in pay -- to assist with the expenses needed to maintain the CDL required for my job). However, such assistance was given in the past.

I believe I was denied a reasonable accommodation and discharged in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY -- When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

August 17, 2010

Otis Wright
PO Box 423
Hillsville, Virginia 24343

Dear Mr. Otis Wright,

Thank you for contacting us on 08/16/2010 02:07 PM. Based on the information you provided, it appears your situation may be covered by the laws we enforce. To begin the charge-filing process, please read and complete the entire questionnaire immediately. You may return the questionnaire by mail to the EEOC office listed below or you may return the questionnaire in person. If you wish to return the completed questionnaire in person, we strongly encourage you to call the office at the number indicated below before visiting. The charge filing process can take up to two hours to complete and the intake office hours and procedures may differ from office to office.

Richmond Local Office
830 East Main Street
6th Floor
Richmond, VA 23219
1-804-771-2200

Please remember to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete both sides of each page.
- Attach additional pages to complete your responses, if necessary.
- Contact the field office if you have questions about completing this form or if you wish to inquire about visiting the office to complete the charge filing process.

Information about the laws we enforce and our charge-filing procedures is available on our web site at www.eeoc.gov.

A charge of job discrimination must be filed with the EEOC within 180 days from the date of harm in order to protect your rights. This 180 day filing deadline may be extended to 300 days if the charge is also covered by a state or local job discrimination law. Therefore, it is important that you submit the completed questionnaire promptly.

Submission of this questionnaire may not meet all requirements for filing a charge. However, this questionnaire will allow the EEOC to review your circumstances further and determine whether we can assist you.

Please call 1-800-669-4000 and provide the transaction number 100816-001228, if you have not heard from the field office after 30 days from the date you mailed the completed questionnaire.

Sincerely,
U.S. Equal Employment Opportunity Commission

* PLEASE do NOT return the questionnaire to the address on the envelope; return it to the address above *



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Richmond Local Office

830 East Main St., 6th Floor

Richmond, VA 23219

Intake Information Group: (800) 669-4000

Intake Information Group TTY: (800) 669-6820

Richmond Status Line: (866) 408-8075

Direct Dial: (804) 771-2200

TTY (804) 771-2227

FAX (804) 771-2222

Website: www.eeoc.gov

October 27, 2010

Otis Wright
P. O. Box 423
Hillsville, VA 24343

RE: 846-2010-76383

Mr. Otis R. Wright vs. Carroll County Public Service Authority

Dear Mr. Wright:

The Equal Employment Opportunity Commission (EEOC) enforces several laws which prohibit employment discrimination based on age, race, color, religion, sex, national origin or disability.

The above stated charge was previously assigned to the Mediation Unit. The charge has been returned to the Enforcement Unit for further processing. We want you to know that your charge is important to us and will receive the careful attention it deserves. It is our goal to process charges expeditiously as possible. Although, we want to process charges expeditiously, we also want to ensure our process is effective and efficient. We want to inform you at this time that due to our increasing workload; we may not be able to process your charge as quickly as we would like.

To ensure that the EEOC's limited resources are used in the most efficient manner possible, our staff will carefully evaluate each charge of discrimination and determine the priority the charge will receive. The information that you have provided will play an important role in determining the priority and timeframe for the processing of your charge. While we have not made a complete evaluation of your charge, you should be aware that for those charges for which there are stronger indications that the law has been violated, the EEOC will process those charges more expeditiously.

If you have any questions regarding the processing of your charge, you may contact the Investigator, Mr. Ernest James who is assigned to your charge. Mr. James can be reached at (804) 771-2130.

We also understand that you may want to pursue the matter before EEOC concludes its processing of your charge. If you decide that you want to pursue your discrimination in federal court and do not wish for EEOC to complete its processing of your charge, you may request a notice of right to sue by submitting a written request to the field office director. The issuance of a notice of right to sue terminates our processing of the charge and permits you to file a lawsuit within 90 days of your receipt of the notice.

We hope this information is helpful to you

Sincerely,


Thomas M. Colclough
Acting Director



**U.S. Equal Employment Opportunity Commission
Richmond Local Office**

830 East Main Street
Suite 600
Richmond, VA 23219
(804) 771-2249
TTY (804) 771-2227
FAX (804) 771-2222

September 16, 2010

Respondent: Carroll County Public Service Authority
EEOC Charge No.: 846-2010-76383
FEPA Charge No.:

Mr. Otis R. Wright
P. O. Box 423
Hillsville, VA 24343

Dear Mr. Wright:

This is with reference to your recent inquiry (an office visit, phone call, or correspondence) in which you alleged employment discrimination by the above-named respondent. The information provided indicates that the matter complained of is subject to one or more of the following laws:

- ☐ Title VII of the Civil Rights Act of 1964 (Title VII)
- ☐ The Age Discrimination in Employment Act (ADEA)
- ☒ The Americans with Disabilities Act (ADA)
- ☐ The Equal Pay Act (EPA)

The attached EEOC Form 5, Charge of Discrimination, was drafted as a result of the information provided. To enable proper handling of this action by the Commission you should:

- (1) Review the enclosed charge form and make corrections.
- (2) Sign and date the charge in the bottom left hand block where I have made an "X". The date of signature on the charge will not affect the jurisdiction date established in any original written complaint previously given to EEOC.
- (3) Return the signed charge to this office.

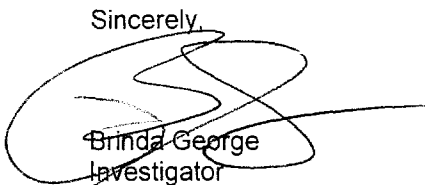
Since charges should be processed within the time limits imposed by law, please complete these steps as soon as possible. Please call me at the number listed below if you have any questions. If you have to call long distance, please call 1 800 669 4000.

- ☒ Please be aware that the EEOC will send a copy of the charge to the agency listed below as required by our procedures. If that agency processes the charge, it may require the charge to be signed before a notary public or an agency official. Then the agency will investigate and resolve the charge under their statute. If this occurs, section 1601.76 of EEOC's regulations entitles you to ask us to perform a Substantial Weight Review of the agency's final finding. To obtain this review, a written request must be made to this office within 15 days of receipt of the agency's final finding in the case. Otherwise, we will generally adopt the agency's finding as EEOC's.

Virginia Council On Human Rights
1220 Bank Street
Jefferson Building, 3rd Floor
Richmond, VA 23219

Please use the "EEOC Charge No." listed at the top of this letter whenever you call us about this charge. Please notify this office of any change in address or of any prolonged absence from home. Failure to cooperate in this matter may lead to dismissal of the charge.

Sincerely,



Brinda George
Investigator
(804) 771-2139

BG/hb

Cc: Copy for file

Enclosures: Charge of Discrimination (Form 5)
Privacy Act of 1974 Instructions
Mediation Program at EEOC
Charging Party Mediation Participation Agreement

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.
www.eeoc.gov

Enclosure with EEOC
Form 161 (11/09)

**INFORMATION RELATED TO FILING SUIT
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

2

April 10, 2001

Carroll County
Public Service Authority
PSA Board

This is a written grievance in response to the dismissal of Otis Wright on April 5, 2001.

According to the written noticed I received regarding this action, I was terminated for insubordination and walking off the job.

The insubordination came from the statement, "If the truck was not safe enough to haul stone, it was not safe enough to move the backhoe around". I did not refuse to do my job, I just made the previous statement. At this time I was told, "If you do not want to drive the truck, go home". This is what I did.

At that time, Ray did not ask what was wrong with the truck. He did not make an effort to check to see what was wrong with the truck, and he just said, "If you do not want to drive the truck, go home".

Ray said he wouldn't let me come back to work if I agree to take a cut in pay of \$.50 per hour, with no recognition of my water license, waste water license, or CDL, and give up my job title as operator. I feel this is extreme for trying to point out a safety problem.

I feel I was unjustly dismissed due to a safety issue with the truck and request to be put back to work without any interruption in my time or anything else I have in with the county.

Sincerely,

I did NOT AGREE to This

Otis

Otis Wright

Otis Wright

**CARROLL COUNTY PUBLIC SERVICE AUTHORITY
OFFICE OF THE DIRECTOR OF OPERATIONS**

605-2 PINE STREET
HILLSVILLE, VA. 24343
Phone – 540-728-9849 Fax – 540-728-0007

June 29, 2001

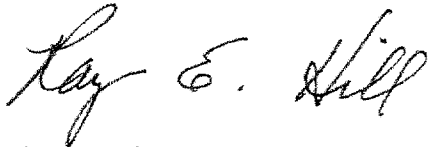
Otis Wright
1824 Forrest Oak Road
Woodlawn, Va. 24381

Re: Reinstatement of Otis Wright to his former position with the Carroll County Public Service Authority.

Dear Mr. Wright:

I have decided to reinstate you to your former position (CONSTRUCTION / MAINTAINANCE TECHNICAN – I) with the Carroll County Public Service Authority. You will receive eight (8) hours of sick leave, one hundred twenty (120) hours of vacation leave, and eighteen and one half (18.5) hours of personal leave. You will retain your seniority in your position. I feel that after our discussions during the grievance procedure the events of April 5, 2001 will not happen in the future. If you accept the terms of your reinstatement please report for work at 7:30 AM July 2, 2001.

Sincerely,
Ray E. Hill



Director of Operations
Carroll County Public Service Authority

CONSTRUCTION / MAINTAINCE TECHNICIAN - I

Current Responsibilities:

Operates all Public Service Authority Equipment including Backhoe, Loader, Trencher, Dump Trucks, Road Boring Machine, welders, etc.

Transports Equipment from jobsite to jobsite.

Installs Water lines, Sewer lines, Hydrants, Valves, ARV's, PRV's, Manholes, Meters, Blow offs, Meter Vaults, etc.

Performs Maintaince and Preventive Maintaince on Water Systems, Sewer Systems, Sewer Pump Stations, Water Pump Stations, Well Pump Stations, Equipment, Vehicles, Buildings and Grounds, etc.

Repairs Water leaks, Sewer leaks, Sewer line stop-ups, Equipment, Vehicles, Valves, Hydrants, ARV's, PRV's, Buildings and Grounds, Water Pump Stations, Sewer Pump Stations, Well Pump Stations, etc.

Assist Field Supt. with records on labor and supplies on cost-plus connections and line extensions.

Any other duties as assigned by Field Supt. and Director.

This position requires a Class A CDL License issued by the Commonwealth of Virginia.

This position requires five- (5) years experience in water and sewer line Construction.

On call 24 hours a day for emergency repairs.

Responsible for weekend work on a rotation schedule.

Possession of a Water works and, Wastewater works license would increase pay by two steps.

Otis Wright
115 Weddle Street
Hillsville, VA 24343

September 16, 2009

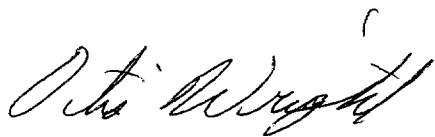
Mr. Gary Larrowe
Carroll County PSA Executive Director
Carroll County Administrator
605-1 Pine Street
Hillsville, VA 24343

Dear Mr. Larrowe,

Due to the fact that I will not be able to obtain my new CDL, which expires in February, 2010, I hereby tender my resignation to the PSA as of February 1, 2010. I plan to work until that time. If my time-line changes for this transition, I will provide you the information as soon as possible.

Sincerely,

Otis Wright

A handwritten signature in cursive script, appearing to read "Otis Wright", with a large, stylized flourish at the end.

Cc: Dana Phillips
Preston Hill
Sam Dickson
Tom Littrell



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. **Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known."** If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Wright First Name: Otis MI: R.
 Street or Mailing Address: P.O. Box 423 Apt or Unit #: _____
 City: Hillsville VA County: CARROLL State: VA Zip: 24343
 Phone Numbers: Home: (276) 237-4806 Work: () NONE
 Cell: (276) 237-4806 Email Address: _____
 Date of Birth: 2-8-59 Sex: ☒ Male ☐ Female Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☒ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? U.S.

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: STARR HEAUNER Relationship: PARTNER
 Address: P.O. Box 423 City: Hillsville State: VA Zip Code: 24343
 Home Phone: () _____ Other Phone: (276) 237-4803

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: CARROLL County Public Service Authority
 Address: 605-2 PINE ST. County: CARROLL
 City: Hillsville State: VA Zip: 24343 Phone: (276) 730-3171
 Type of Business: WATER/WASTEWATER Job Location if different from Org. Address: ALL OVER THE COUNTY
 Human Resources Director or Owner Name: GARY LARROWE Phone: (276) 730-3171

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☒ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: 11-1-1995 Job Title At Hire: WATER/WASTEWATER TRAINEE
 Pay Rate When Hired: 5.95 HOUR Last or Current Pay Rate: 11.81 HOUR
 Job Title at Time of Alleged Discrimination: #1 MAINTENANCE TECH Date Quit/Discharged: JAN 29 2010
 Name and Title of Immediate Supervisor: PRESTON HILL FIELD SUPERVISOR
 If Job Applicant, Date You Applied for Job N/A Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☒ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: NA

If you checked genetic information, how did the employer obtain the genetic information? NA

ADDITIONAL MEDICAL EXPENSES FOR MEDICAL WAIVER
THE ISSUING STATE AGENT OF MY CDL HAS GOT
Other reason (basis) for discrimination (Explain): ME LISTED AS A DISABLED DRIVER

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: Sept. Action: GARY HARLOWE WOULD NOT, UPON A REASONABLE REQUEST,
ASSIST WITH MEDICAL EXPENSES TO MAINTAIN A LICENSE THAT HE REQUIRED TO
Name and Title of Person(s) Responsible: GARY HARLOWE DIRECTOR OF OPERATION MAINTAIN MY JOB

B. Date: Action: THE ISSUING STATE AGENT DMV HAS ME
LISTED AS A HANDICAPPED CDL HOLDER. I MUST COMPLETE A MEDICAL WAIVER
Name and Title of Person(s) Responsible FOR THE DMV TO MAINTAIN MY CDL

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I BECAME LEGALLY BLIND IN ONE EYE OCT 13 2001 IN THEIR WHITE
I HAD BEEN WORKING FOR THE PSA SINCE 1995

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

GARY CLAIMED THE COUNTY DOES NOT DO WHAT I REQUESTED
WHEN EMPLOYED BY THE PSA FROM 1995 GARY HARLOWE DIRECTOR OF OPERATION

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. <u>I WAS THE ONLY PERSON REQUIRED TO MAINTAIN A CDL AS A JOB REQUIREMENT</u>			
<u>NO ONE ELSE WAS REQUIRED OR LISTED AS A HANDICAPPED CDL DRIVER THAT</u>			
B. <u>I KNOW OF</u>	<u>COMMERCIAL DRIVERS LICENSE</u>		
<u>C</u>	<u>D</u>	<u>H</u>	

Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☒ Yes, I have a disability
☐ I do not have a disability now but I did have one
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

I AM LEGALLY BLIND IN MY RIGHT EYE. I HAVE NO PROBLEM PERFORMING MY JOB. DMV REQUIRES ME TO HAVE ADDITIONAL TEST EVERY TWO YEARS. WITH THAT COMES ADDITIONAL EXPENSES THEY SAY (GARY) THEY CAN'T HELP ME WITH

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☒ No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☒ Yes ☐ No
If "Yes," when did you ask? SEPT 09 How did you ask (verbally or in writing)? VERBALLY

Who did you ask? (Provide full name and job title of person)

GARY LARROWE DIRECTOR OF OPERATIONS

Describe the changes or assistance that you asked for: AN INCREASE IN PAY OR OTHER FINANCIAL ASSISTANCE THAT COULD HELP WITH THE ADDITIONAL EXPENSE.

How did your employer respond to your request? MR LARROWE REPLIED THE COUNTY DOES NOT DO THAT WITHOUT YOUR CDL WE CAN NO LONGER USE YOU. ASK ME TO SIGN A RESIGNATION AT THAT TIME LAST DATE WORKED JAN. 29 2010

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. DANA PHILLIPS	AT THAT TIME SECRETARY OF PSA		?
B. PRESTON HILL	FIELD SUPERVISOR		GARY took notes of the meeting

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? ☒ Yes ☐ No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

HILARY K. JOHNSON P.C. 316 WEST VALLEY ST ARLINGTON, VA 24210 276-619-3740
WENT TO PAY RETAINER THEY BACKED OUT

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Steve Wright
Signature

8-22-10
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.



Andrew S. Jackson
Chairman

N. Manus McMillian
Vice-Chairman

Jeanette W. Dalton
David V. Hutchins
W. S. "Sam" Dickson
Dr. Thomas W. Littrell

Public Service Authority
605-2 Pine Street
Hillsville, VA 24343

Otis Wright
P.O. Box 423
Hillsville, VA 24343

RE: Construction Maintenance Technician-I

Dear Otis Wright,

We appreciate your interest in the Construction Maintenance Technician – I Position opening for the Carroll County Public Service Authority. Your application/resume was received and we regretfully want to inform you that you were not chosen for this current position.

Once again, thanks for your interest in the **Construction Maintenance Technician-I** Position.

Sincerely,

A handwritten signature in black ink that reads 'Gary Larrowe'.

Gary Larrowe
PSA Executive Director
And County Administrator for Carroll County

CARROLL COUNTY PUBLIC SERVICE AUTHORITY

O'Yes

CONSTRUCTION / MAINTAINCE TECHNICIAN — I

General Description: This position is responsible for installing water line, sewer lines, hydrants, valves, manholes, meters, blow off, meter vaults, etc.

Essential Functions:

- Performs maintenance and preventive maintenance on water systems, sewer systems, sewer pump stations, water pump stations, well pump stations, equipment, vehicles, building and grounds
- Repairs water leaks, sewer leaks, sewer line stop-ups, equipment, vehicles, valves, hydrants, ARV's, PRV's, buildings and grounds, water pump stations, sewer pump stations, well pump stations
- Required to operate all Public Service Authority equipment
- Meet state requirements for continued professional education
- Perform duties as requested by Director of Field Operations

Knowledge, Skills, and Abilities: Knowledge of installing water and sewer lines. The ability and experience to operator a backhoe and other heavy equipment.

Special Conditions:



- Valid Virginia Driver's License
- Valid Class A CDL License
- Water License
- Wastewater License
- Two year experience in the water/sewer line construction
- Experience in operating backhoe
- Weekend and night work (on call 24 hours a day for emergency repair

3

**CARROLL COUNTY PUBLIC SERVICE AUTHORITY
OFFICE OF THE DIRECTOR OF OPERATIONS**

605-2 PINE STREET
HILLSVILLE, VA. 24343
Phone - 540-728-9849 Fax - 540-728-0007

June 29, 2001

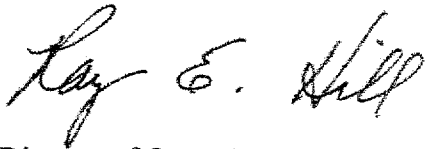
Otis Wright
1824 Forrest Oak Road
Woodlawn, Va. 24381

Re: Reinstatement of Otis Wright to his former position with the Carroll County Public Service Authority.

Dear Mr. Wright:

I have decided to reinstate you to your former position (CONSTRUCTION / MAINTAINCE TECHNICAN - I) with the Carroll County Public Service Authority. You will receive eight (8) hours of sick leave, one hundred twenty (120) hours of vacation leave, and eighteen and one half (18.5) hours of personal leave. You will retain your seniority in your position. I feel that after our discussions during the grievance procedure the events of April 5, 2001 will not happen in the future. If you accept the terms of your reinstatement please report for work at 7:30 AM July 2, 2001.

Sincerely,
Ray E. Hill



Director of Operations
Carroll County Public Service Authority

RECEIVED in SEPT.



W.S. (Sam) Dickson
Chairman

Dr. Thomas W. Littrell
Vice-Chairman

Jeanette W. Dalton
David V. Hutchins
Andrew S. Jackson
N. Manus McMillian

Public Service Authority

605-1 Pine Street
Hillsville, VA 24343
September 16, 2009

Mr. Otis Wright
115 Weddle Street
Hillsville, VA 24343

Dear Mr. Wright,

This letter is to accept your resignation from employment with the Carroll County Public Service Authority (PSA) as of close of business on February 1, 2010.

The Carroll County PSA will pay all accumulated leave through February 1, 2010. This payment will end any and all future claims against Carroll County PSA with regard to this matter. We appreciate your service and assistance with the transition of the duties. If I can be of assistance, please let me know.

Sincerely,


A handwritten signature in cursive script that reads 'Gary Larowe'.

Gary Larowe
PSA Executive Director
And County Administrator for Carroll County

Cc: Dana Phillips
Preston Hill
Sam Dickson
Tom Littrell

Otis Wright September 16, 2009

Virginia
COMMERCIAL DRIVER'S LICENSE

	CUSTOMER NO.	HEIGHT	DOB
	T64-60-1723	5-02	02-08-2017
	CLASS	SEX	EXPIRES
	A	M	02-08-2017
	ENDORSEMENTS	RESTRICTIONS	ISSUED REN
NONE		EX	01-08-2009
		COURT CODE	

WRIGHT, OTIS RAY
1824 FOREST OAK RD
WOODLAWN, VA 24381-2124
CARROLL

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMMONWEALTH OF VIRGINIA

9960 Mayland Dr., Suite 400, Richmond, VA 23233
Telephone: 1 (804) 367-6500

EXPIRES ON

02-28-2010

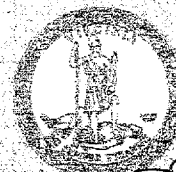
NUMBER

1911 004239

WATERWORKS AND WASTEWATER WORKS OPERATOR'S LICENSE
WASTEWATER WORKS OPERATOR
CLASS 3

OTIS R WRIGHT
115 WEDDLE ST

HILLSVILLE, VA 24343



Jay W. DeBoer
Jay W. DeBoer, Director

ALTERATION OF THIS DOCUMENT, USE AFTER EXPIRATION, OR USE BY PERSONS OR FIRMS OTHER THAN THOSE NAMED MAY RESULT IN CRIMINAL PROSECUTION UNDER THE CODE OF VIRGINIA.

(SEE REVERSE SIDE FOR NAME AND/OR ADDRESS CHANGE)

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMMONWEALTH OF VIRGINIA

9960 Mayland Dr., Suite 400, Richmond, VA 23233
Telephone: 1 (804) 367-6500

EXPIRES ON

02-28-2011

NUMBER

1903 002232

BOARD FOR WATERWORKS AND WASTEWATER WORKS
WATERWORKS OPERATOR LICENSE
CLASS 3

OTIS R WRIGHT
115 WEDDLE ST

HILLSVILLE, VA 24343



Jay W. DeBoer
Jay W. DeBoer, Director

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